FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

ES AND EXCHANGE/CO Washington, D.C. 20549 MISSION

OCT 0 4 2005

209

OMB APPROVAL

OMB Number:

3235-0076

Expires: April 30, 2008

Estimated Average burden hours

er form 16.

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering (check that can be considered on the check that		ndment and name	has changed, and in	dicate change.)		
Filing Under (Check box(es) t		Rule 504	Rule 505	Rule 506	Section 4(6)	DULOE
Type of Filing: No	ew Filing	Amendment				
•		A	BASIC IDENTIF	ICATION DATA		
1. Enter the information requ	ested about the iss	uer				
Name of Issuer (che	ck if this is an am	endment and name	has changed, and in	dicate change.)		
Takara LP			<i>C</i> .	<i>G ,</i>		
Address of Executive Offices		(Nun	ber and Street, City.	State, Zip Code)	Telephone Number (la	ncluding Area Code)
1400 Woodloch Forest Drive	e (Bank One Buil	ding), Suite 225, 1	he Woodlands, TX	77380	(713) 444-3124	
Address of Principal Business	Operations	(Num	ber and Street, City,	State, Zip Code)	Telephone Number (In	ncluding Area Code)
(if different from Executive O	ffices)					PPo
Brief Description of Business	Investme	ent Limited Partn	ership			PHUCESSE
Type of Business Organizatio	n					-501
corporation		limited partner	ship, already formed	I	other (please sp	pecify): OCT 0 6 2005
business trust		limited partne	rship, to be formed			THOMSON
			Month	Year		FINANCIA
Actual or Estimated Date of In	ncorporation or Or	ganization:	0 7	0 5	🗷 Actual 🔲 I	Estimated
Jurisdiction of Incorporation of	or Organization: (Enter two-letter U.S	S. Postal Service Ab	breviation for Stat	e:	
		CN for Canada; F	N for other foreign j	urisdiction)		DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each general and managing partner of partnership issuers. Each general and managing partner of opartnership issuers. Each general and managing partners of partnership issuers: Each general and managing partners of partnership issuers; and Each general and or Managing Partner Full Name (Last name first, if individual) Each general and Street, City, State, Zip Code) Each general				TIFICATION DATA		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive Officer and director of copposate issuers and of ecoporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Managing Partner Managing Partner Takara Capital Management LP Business or Residence Address (Number and Street, City, State, Zip Code) 1409 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Managing Partner Takara Capital Management LP Business or Residence Address (Number and Street, City, State, Zip Code) 1409 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Beneficial Owner Executive Officer Director General and/or Managing Partner Managing Partner Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(ex) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State,		•	_	_		
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and			-	- -		to the out of
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner			•	•	-	
Check Box(es) that Apply:				e general and managing partner	s of partnership issue	rs; and
Full Name (Last name first, if individual) Favore, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Tawney, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Manager of the GP Director Director General and/or Managing Partner Full Name (Last name first, if individual) Tawney, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that Apply:			Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Takara Advisors LLC (the General Partner of Takara Capital Management LP) Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Tawaey, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Full Name (Last name first, if ir	ndividual)				Transping Factor
Check Box(es) that Apply:			t, City, State, Zip Code)	1 - 50 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -		
Full Name (Last name first, if individual) Takara Advisors LLC (the General Partner of Takara Capital Management LP) Business or Residence Address (Number and Street, City, Stae, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Tawaey, Mark Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	1400 Woodloch Forest Drive	(Bank One Building	Suite 225, The Woodlands,	Геха s 77380		
Takara Advisors LLC (the General Partner of Takara Capital Management LP) Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Tawney, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank One Building) Suite 225. The Woodlands, Texas 77380 1400 Woodloch Forest Drive (Bank O	Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Cheek Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if in	ndividual)				
Check Box(es) that Apply:				P)		
Managing Partner Managing Partner Managing Partner				Texas 77380		
Full Name (Last name first, if individual) Tawney, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply:	Check Box(es) that Apply:			Executive Officer	☐ Director	
Tawney, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply:	Full Name (Last name first, if in		e GP of the GP			
Business or Residence Address (Number and Street, City, State, Zip Code) 1400 Woodloch Forest Drive (Bank One Building) Suite 225, The Woodlands, Texas 77380 Check Box(es) that Apply:		,				
Check Box(es) that Apply:		(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	1400 Woodloch Forest Drive	(Bank One Building) Suite 225, The Woodlands,	Texas 77380		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	F			Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if i	ndividual)				
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)				-
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if i	ndividual)				
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
	Full Name (Last name first, if i	ndividual)	and the state of t			
(Hea blank shoot or convenient was additional coning of this about an accessory)	Business or Residence Address	s (Number and Stree	et, City, State, Zip Code)			
		/T1. 1	loul, shoot on occurred as 1	distance coming of this short	nagassan,)	

					B.	INFORM	IATION A	ABOUT C	FFERIN	<u>G</u>						
														Yes	No	
1.	Has the issuer	sold, or do	es the issue	r intend to											×	
	3371						endix, Colu		-					A		
2.			vestment that or by Gener			m any indiv	/idual?			••••	•••••			\$ <u>1,00</u>	\$ <u>1,000,000</u> *	
	Subje	er to marre	. by Gener	ar r ar ther										Yes	No	
3.	Does the offer	ing permit	joint owner	ship of a si	ngle unit? .									Œ		
4.	Enter the inf	ormation r	equested fo	r each per	son who i	nas been o	r will be j	paid or giv	en, directly	y or indire	ctly, any c	ommission	or simila	r		
	remuneration															
	agent of a bro to be listed an											e than rive	(5) person	S		
ull	Name (Last na					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Not	Applicable															
	iness or Reside	nce Addres	s (Number a	and Street, (City State,	Zip Code)						<u>-</u>				
Van	ne of Associate	d Broker or	Dealer													
Stat	es in Which Pe	rson Listed	Has Solicite	ed or Intend	ls to Solici	t Purchaser	S					· · · · · · ·				
			r check indi											All S	ates	
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]			
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
7.,11	[RI] Name (Last na	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
run	Name (Last na	ine msi, n	maiviouai)													
Bus	iness or Reside	nce Addres	s (Number a	and Street	City State	Zin Code)										
			- (31.000,	<i>,</i> ,											
Nar	ne of Associate	d Broker or	Dealer													
141	ne of Associate	a Blokel of	Dealei													
<u> </u>	1 110 1 1 1		71 0 11 1													
Stat	es in Which Pe	rson Listed	Has Solicit	ed or intend	ds to Solici	t Purchaser	S									
	(Check "A	II States" o	r check indi	vidual State	es)	••••••		**************	••••			• • • • • • • • • • • • • • • • • • • •		All S	tates	
	[AL] [IL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]			
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]			
	[RI]	[SC]	[SD]	_[TN]	[TX]	[UT]	[v <u>T]</u>	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]			
Full	Name (Last na	me first, if	individual)													
D	: D:4-		- 01 - 1	10.	C'i fi i	2' 0 1)										
Dus	iness or Reside	nce Addres	s (Number a	and Street,	City State,	Zip Code)										
Nar	ne of Associate	d Broker o	Dealer													
Sta	tes in Which Pe	rson Listed	Has Solicit	ed or Intend	ds to Solici	t Purchaser	s									
	(Check "A	Il States" o	r check indi	vidual Stat	es)									All S	tates	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	5		
	[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
	[MT]	[NE]	[NV]	[NH] [TN]	[NJ] ITXI	[NM]	[NY] [VT]	[NC]	[ND] [WA]	[OH]	[OK]	[OR]	[PA]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	\$		\$	
	Equity				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$ <u>750,000,000 (1)</u>		\$	15,000,000
	Other (Specify:	\$		\$	
	Total			_	15,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				<u>-</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Do	Aggregate Ilar Amount Purchases
	Accredited Investors	2		\$_	15,000,000
	Non-accredited Investors			\$_	
	Total (for filings under Rule 504 only)	N/A		\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering	Type of Security		Do	llar Amount Sold
	Rule 505	N/A		\$	N/A
	Regulation A	N/A		\$	N/A
	Rule 504	N/A		\$	N/A
	Total	N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	1			
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs	_	J	\$	0
			X	\$	40,000 (2)
	Legal Fees	• • • • • • • • • • • • • • • • • • • •			
	Legal Fees Accounting Fees			\$	
		[\$ \$	0
	Accounting Fees			\$ \$ \$	
	Accounting Fees Engineering Fees			\$ \$ \$ \$	0

estimated amount solely for the purpose of this filing.

(2) This amount reflects an estimate of the initial costs only.

b. Enter the difference between the aggreg and total expenses furnished in response to Par proceeds to the issuer."	\$ <u>749,960,000</u>				
of the purposes shown. If the amount for any pu	proceeds to the issuer used or proposed to be used for each urpose is not known, furnish an estimate and check the box ments listed must equal the adjusted gross proceeds to the 4.b above.				
			Payments to Officers, Directors, and Affiliates	Payments to Others	
Salaries and fees			\$(3)	□ s	
			\$	□ s	
Purchase, rental or leasing and installation of ma	chinery and equipment		\$	□ s	
	cilities		\$	□ s	
Acquisition of other businesses (including the va		п	•	Па	
	ties of another issuer pursuant to a merger)	_	\$	□ \$	
• •			\$	□ \$	
-			\$	□ s	
		_	\$	\$ <u>749,960,000</u>	
Column Totals		L	\$ <u>(3)</u>	× \$749,960,000	
Total Payments Listed (column totals added)			×	\$ <u>749,960,000</u>	
The Investment Manager and Affiliate of the Iss Issuer's confidential offering materials	suer will be entitled to receive Management Fees at a qua	rteriy	rate as more fully o	described in the	
	D. FEDERAL SIGNATURE				
	the undersigned duly authorized person. If this notice is filed urities and Exchange Commission, upon written request of its 2) of Rule 502.				
ssuer (Print or Type)	Signature		Date	•	
akara LP	11/4/		September _	(', 2005	
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Aark Tawney	Manager of Takara Advisors LLC, the General Partn	er of			

	E. STATE SIGNATURE		
		Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		_ X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CF	R 239	500) at

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Takara LP	Mas /	September 27 , 2005
Name (Print or Type)	Title (Print or Type)	
Mark Tawney	Member of Takara Advisors LLC, the General Partner of Takara Capital Management LP, the General Partner of Issue	r

Instruction:

APPENDIX 3 5 1 2 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited Type of investor and explanation of offering price investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) Number of Number of **Limited Partnership** Accredited Non-Accredited Yes Yes No State No Interests Investors Amount Investors Amount ALAK ΑZ AR CACO CTX \$750,000,000 \$15,000,000 0 N/A N/A DE DC FL $\mathsf{G}\mathsf{A}$ Н ID IL IN lΑ KS KYLA ME MDMA ΜI MN MS MO MT NE NVNH

				APP	ENDIX					
1	Intend to non-a investor	2 If to sell accredited is in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of i amount purc	nvestor and chased in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Limited Partnership	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No No	
NJ										
NM								l		
NY										
NC										
ND							l			
ОН										
OK										
OR										
PA										
RI										
SC										
SD								,		
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
WY										
PR										